Signature



3035451-EG

Seattle DCI Project Number

Date

6753332-CN / 675333-DM / 3035450-LU

Statement of Financial Responsibility/ Agent Authorization

Project Address		8015 Mary Ave NW
NA	ME AND ADDRES	S OF FINANCIALLY RESPONSIBLE PARTY (Required)
A.	Name of Individual or Entity (Company, Partnership, etc.) Assuming Financial Responsibility	Modern Homes LLC
B.	Name of Individual Signing on Behalf of an Entity (Company, Partnership, etc.)	Pasha Afichuk
C.	Financially Responsible Party Relationship to Property	Property Owner Property Lessee Property Contract Purchaser Public Agency Service Requestor (check only if request does not directly relate to the development of real property i.e. request for interpretation, legal building site letter)
D.	Mailing Address (of individual signing statement)	2710 S 355th PI Federal Way WA 98003
E.	Telephone (of individual signing statement)	253-632-5411
F.	Email (of individual signing statement)	afichukpv@yahoo.com
r pay	ment of all fees assoc	(printed name) declare that I am the(relationship to project or service request) and that I am responsible isted with this project or other request to DPD requiring payment of fees, including all hourly or during the review and/or post-issuance whether the permit is issued or whether the nied before the permit is issued.

bind entity named in "A" abov	e)	
fees associated with this pro	(printed name) declare that in my cap (position within entity - ie (financially responsible authority to bind the Financially Responsible party named above to paymet or other request to DPD requiring payment of fees, including all hourly the review and/or post-issuance whether the permit is issued or whether ted before the permit is issued.	manager, le entity nent of all or other
Pasha Afiduk	11/13/2019	
<u>1041302324964D4</u> Signature	Date	
AGENT AUTHORIZATIO	N (Optional):	
I hereby authorize the individu This individual is not responsi	ial named below to act as the primary contact (aka primary applicant) for this proble for the payment of fees.	oject.
Primary Applicant Name: Jus	tin Kliewer, Cleave Architecture and Design	
Primary Applicant Phone: 20	6-799-8293	
Primary Applicant Email: just	in@cleavearch.com	
	2226 Eastlake Ave E #300 Seattle WA 98102	

Entity Declaration of Financial Responsibility (must match the individual name in "B" above and have authority to